

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION**

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case No. :04-cr-385 (LMB)

ALI AL-TIMIMI

Defendant.

DECLARATION OF SHARI HIMLIE

I, Shari Himlie, pursuant to 28 U.S.C. § 1746, and based upon my personal knowledge and information made known to me from official records reasonably relied upon by me in the course of my employment, hereby declare as follows relating to the above-titled matter. All attachments to this declaration are true and accurate copies of Federal Bureau of Prisons (Bureau) records maintained in the ordinary course of business.

1. I am the Complex Health Services Administrator (HSA) with the Federal Bureau of Prisons (Bureau) at the Federal Correctional Complex in Florence, Colorado (FCC Florence). FCC Florence includes four separate institutions: the Federal Prison Camp (FPC) (minimum security), the Federal Correctional Institution (FCI) (medium security), the United States Penitentiary Florence– High Security (USP), and the United States Penitentiary Florence – Administrative Maximum (ADX).

2. I have been employed by the Bureau, in positions of increasing responsibility, since November 2008. I have been the FCC Florence HSA since March 2018.

3. As part of my official duties as the FCC Florence HSA, in collaboration with the Clinical Director, I manage and direct the activities of a multi-disciplinary team responsible for

providing medical, dental, and allied health services (pharmacy, laboratory, and radiology) to the inmate population. I am also the primary supervisor for mid-level providers, emergency medical technicians, and nurses. I also provide administrative oversight to all contract physicians at FCC Florence.

4. With respect to COVID-19, specifically, I am involved on a daily basis in the identification, planning, and implementation of all Bureau directives for preventing the spread of COVID-19 at FCC Florence, including the ADX. In addition to my normal role as FCC Florence HSA, I also serve as the Logistics Section Chief for the “FCC Florence Command Center” (discussed in further detail below), which is responsible for coordinating FCC Florence’s COVID-19 response. Through this role, I have knowledge of both the Bureau’s national directives relating to COVID-19 and the additional steps that FCC Florence, specifically, has taken to combat COVID-19 within the complex. Accordingly, through the course of my official duties, I have personal knowledge regarding the numerous measures, discussed below, that have been implemented both Bureau-wide and at FCC Florence in order to prevent and manage the spread of COVID-19.

5. As of the date of this submission, no FCC Florence inmate has tested positive for COVID-19.

6. I am familiar with federal inmate Ali Al-Timimi, Federal Register Number 48054-083, as he has been incarcerated at the ADX since April 2015.

I. NATIONAL STEPS TAKEN BY THE BUREAU TO ADDRESS COVID-19¹

7. Before discussing the steps being taken at FCC Florence, specifically, I will first

¹ As illustrated below, the Bureau’s national guidance has undergone a number of changes in response to the evolving threat. The Bureau has established a COVID-19 resource section on its public webpage which is available at: <https://www.bop.gov/coronavirus/>. This webpage includes updates on the Bureau’s response to COVID-19 and positive COVID-19 tests among inmates and staff at Bureau institutions nationwide.

discuss the phases of the Bureau's national response to the COVID-19 pandemic, which apply generally across all Bureau institutions. As set forth below, the Bureau has taken—and is continuing to take—significant measures in response to the COVID-19 pandemic in order to protect the safety and security of all staff and inmates, as well as members of the public.

8. In January 2020, the Bureau became aware of the first identified COVID-19 cases in the United States and quickly took steps to prevent its introduction and spread in Bureau institutions. The Bureau's response, detailed below, has occurred over six distinct "phases" to date, and each have been executed and adopted by FCC Florence. The Bureau will continue to modify and adjust its response as circumstances change, and at the guidance and direction of worldwide health authorities.

A. Action Plan for COVID-19 – Phase One

9. In January 2020, the Bureau began Phase One of its Action Plan for COVID-19. Phase One activities included, among other things, seeking guidance from the Bureau's Health Services Division regarding the COVID-19 disease and its symptoms, where in the United States infections were occurring, and the best practices to mitigate its transmission. *See* https://www.bop.gov/resources/news/20200313_covid-19.jsp. In addition, an agency task force was established to begin strategic planning for COVID-19 Bureau-wide. This strategic planning included building on the Bureau's existing procedures for pandemics, such as implementing its pre-approved Pandemic Influenza Plan. From January 2020 through the present, the Bureau has been coordinating its COVID-19 efforts with subject-matter experts both internal and external to the agency, including implementing guidance and directives from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Office of Personnel Management (OPM), the Department of Justice (DOJ), and the Office of the Vice President. *See*

id.

B. Action Plan for COVID-19 – Phase Two

10. On March 13, 2020, the Bureau implemented “Phase Two” of its Action Plan. *See* https://www.bop.gov/resources/news/pdfs/20200324_bop_press_release_covid19_update.pdf.

Phase Two put into place a number of restrictions across all Bureau facilities over a 30-day period, to be reevaluated upon the conclusion of that time period. Specifically, the Bureau suspended the following activities for a period of 30 days, with certain limited exceptions²:

- a. Social visits;³
- b. Legal visits;
- c. Inmate facility transfers;
- d. Official staff travel;
- e. Staff training;
- f. Contractor access;
- g. Volunteer visits; and
- h. Tours.

11. In addition, during Phase Two, inmates were subjected to new screening requirements. Specifically, all newly arriving Bureau inmates were screened for COVID-19 symptoms and “exposure risk factors,” including, for example, if the inmate had traveled from or through any high-risk COVID-19 locations (as determined by the CDC), or had had close contact with anyone testing positive for COVID-19. Asymptomatic inmates with exposure risk factors were quarantined, and symptomatic inmates with exposure risk factors were isolated and

² The exceptions are detailed at https://www.bop.gov/coronavirus/covid19_status.jsp.

³ To help ensure that inmates maintained social ties during this time, the BOP increased most inmates’ telephone allotment to 500 minutes per month (from 300 minutes per month). Since April 9, 2020, inmates are no longer charged to make telephone calls during the COVID-19 emergency.

evaluated for possible COVID-19 testing by local Bureau medical providers.⁴

12. Staff were also subjected to enhanced health screening in areas of “sustained community transmission,” as determined by the CDC, and at medical referral centers. Colorado was designated a “sustained community transmission” state on March 19, 2020, and FCC Florence implemented this enhanced screening for staff and contractors at that time. The enhanced screening measures required all staff to self-report any symptoms consistent with COVID-19, as well as any known or suspected COVID-19 exposure, and further required all staff to have their temperature taken upon entry into any Bureau facility.

13. Finally, in addition to the measures listed above, the Bureau implemented national “modified operations” in order to maximize social distancing within Bureau facilities. These modifications included staggered meal times and staggered recreation times, for example, in order to limit congregate gatherings. Additionally, the Bureau established a set of quarantine and isolation procedures for known or potential cases of COVID-19.

C. Action Plan for COVID-19 – Phase Three

14. On March 18, 2020, the Bureau implemented Phase Three of the COVID-19 Action Plan for Bureau locations that perform administrative services (i.e., non-prison locations), which followed DOJ, Office of Management and Budget, and OPM guidance for maximizing telework. In this phase, individuals who had the ability to telework and whose job functions did not require them to be physically present were directed to begin teleworking. *See* https://www.bop.gov/resources/news/pdfs/20200324_bop_press_release_covid19_update.pdf.

15. Additionally, as part of this phase, and in accordance with the Pandemic Influenza

⁴ Throughout this declaration, “isolation” refers to a symptomatic inmate being confined to a single cell within a designated housing unit or medical unit. “Quarantine,” on the other hand, refers to asymptomatic inmates who may remain within their assigned housing units, together, but may not interact with staff or inmates outside of these housing units.

contingency plan, all cleaning, sanitation, and medical supplies were inventoried. *See id.*

D. Action Plan for COVID-19 – Phase Four

16. On March 26, 2020, the Bureau implemented Phase Four of its Action Plan. *See* https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp. In Phase Four, the Bureau revised its preventative measures for all institutions. Specifically, the agency updated its quarantine and isolation procedures to require all newly admitted inmates to the Bureau, whether in areas of sustained community transmission or not, to be assessed using a screening tool and temperature check. This screening tool and temperature check applied to all new intakes, detainees, commitments, prisoners returned on writ from judicial proceedings, and parole violators, regardless of their method of arrival. Thus, all new arrivals to any Bureau institution—even those who were asymptomatic—were placed in quarantine for a minimum of 14 days or until cleared by medical staff. Symptomatic inmates were placed in isolation until they tested negative for COVID-19 or were cleared by medical staff as meeting CDC criteria for release from isolation.

E. Action Plan for COVID-19 – Phase Five

17. On March 31, 2020, the Director of the Bureau ordered the implementation of Phase 5 of its COVID-19 Action Plan, which took effect on April 1, 2020. *See* https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp. Specifically, the Director ordered the following steps to be taken:

- a. For a 14-day period, inmates in every institution will be secured in their assigned cells/quarters to decrease the spread of the virus.⁵

⁵ This modification to the Bureau's action plan is based on health concerns, not disruptive inmate behavior. Phase Five is implemented at the national level, however, due to standard security protocols and the security level of inmates at the ADX, inmate are generally secured in their cells for a majority of each day and their contact with

- b. During this time, to the extent practicable, inmates should still have access to programs and services that are offered under normal operating procedures, such as mental health treatment and education.
- c. In addition, the Bureau is coordinating with the United States Marshals Service (USMS) to significantly decrease incoming movement during this time.
- d. After 14 days, this decision will be reevaluated and a decision made as to whether or not to return to modified operations.
- e. Limited group gathering will be afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Computer System (TRULINCS⁶) access.⁷

18. On April 8, 2020, the Bureau's Director, M.D. Carvajal, issued a memorandum to the Bureau inmate population providing an update on actions taken by the Bureau up to that point. Among other requests, inmates were asked to maintain clean housing areas, to wash their hands frequently, to avoid touching their faces, and to observe social distancing as much as practical. *See* Att. 1, Memorandum for the Inmate Population, dated April 8, 2020.

F. Action Plan for COVID-19 – Phase Six

19. On April 13, 2020, the Director of the Bureau ordered the implementation of Phase 6 of its COVID-19 Action Plan. *See* https://www.bop.gov/resources/news/pdfs/20200414_press_release_action_plan_6.pdf.

other inmates is normally limited. The ADX has conformed its operations to adhere to the Bureau's action plan where necessary.

⁶ TRULINCS is the internal Bureau computer and electronic message platform that inmates use to communicate with staff in the institutions and individuals in the community. Through this platform, inmates receive updates, notices, and can read inmate bulletins posted on the system by Bureau staff.

⁷ Additional information regarding Phase 5 of the Bureau's Action Plan is available on the Bureau's webpage (www.bop.gov), some provisions may not apply to the ADX due to the ADX's security level.

Specifically, the Director ordered an extension of “all measures from Phase 5, to include enhanced modified operations for all institutions, until May 18, 2020.” *Id.* The extension of the modified operations for all Bureau institutions was continued to minimize inmate movement and further decrease the spread of COVID-19.

20. Phase Six has been implemented at the ADX and currently remains in effect. This means that, until at least May 18, 2020, all inmates at the ADX will remain confined to their cells for the majority of the day. Meals are delivered directly to inmates’ cells, as well as a limited number of commissary items.⁸ Staff have been directed to wash their hands frequently and take other precautions, such as wearing gloves, when interacting with inmates.

G. Incident Command System

21. In addition to the above phases of the Bureau’s official Action Plan, on March 11, 2020, the Bureau activated its “Incident Command System,” commonly referred to as a Command Center, at Central Office in Washington, D.C., in response to the COVID-19 pandemic. *See* <https://www.bop.gov/coronavirus/overview.jsp>. The Incident Command System is a standardized, all-hazard incident management tool. The Bureau has used the Incident Command System in the past to address a number of other disruptive incidents, such as fires, human and animal disease outbreaks, and hazardous materials incidents. The Incident Command System is structured in a manner that is intended to match the severity and complexity of the disruption for which it is activated. Through the Incident Command System, the Bureau’s National Command Center, in conjunction with local command centers, works to mitigate the health and safety risks of the COVID-19 pandemic incident by providing accurate information to

⁸ Due to standard security protocols and the security level of inmates at the ADX, inmates are generally secured in their cells for a majority of each day and most inmates at the ADX normally receive their meals in their cells. The ADX has conformed its operations to adhere to the Bureau’s action plan where necessary.

all Bureau institutions, holding Bureau institutions accountable for abiding by Bureau directives and guidance, and coordinating the Bureau's national response.

II. STEPS TAKEN AT FCC FLORENCE TO ADDRESS COVID-19

22. In addition to the steps taken at the national level, FCC Florence itself has also taken a number of additional measures in response to the COVID-19 pandemic. When I refer to "FCC Florence" generally, I am referring to measures being taken at each of the four FCC Florence institutions, including USP Florence ADX. When I refer to the ADX specifically, I am speaking only about that institution. The ADX is the most secure prison in the federal system. It is designed to house inmates who require an uncommon level of security. The unique security and control procedures implemented to control these inmates are designed to enhance the safety of staff, inmates, and visitors. The ADX has several housing units, including the Special Security Unit where inmate Al-Timimi is housed. The Special Security Unit Houses only those inmates who have Special Administrative Measures imposed by the Attorney General.

A. FCC Florence Command Center

23. As a result of the COVID-19 threat, two Command Centers at FCC Florence have been activated. These Command Centers work together and, in conjunction with the Central Office Command Center and North Central Regional Command Center, to monitor, plan, and implement national directives and other procedures at FCC Florence. The FCC Florence Command Centers are currently scheduled to remain active for an indeterminate period of time, and are staffed for twelve hours each day of the week. That date may be extended, as needed. The FCC Florence Command Center is staffed from 6:00 a.m. to 6:00 p.m. each day of the week.

24. As noted above, I serve on the FCC Florence Command Center as the Logistics Section Chief. In this role, I order, account for, and distribute critical medical supplies, oversee management of infectious disease control onsite, and coordinate the Complex's enhanced staff

and inmate screening. I also provide ongoing education to staff and inmates regarding steps that should be taken to prevent the introduction and spread of COVID-19 into FCC Florence.

25. FCC Florence has taken myriad steps to prevent the introduction and spread of COVID-19 into its facilities, including providing inmate and staff education; conducting inmate and staff screening; putting into place testing, quarantine, and isolation procedures; ordering necessary cleaning, testing, and medical supplies; engaging in enhanced cleaning and disinfecting measures; and taking a number of other preventative measures. I will discuss each in turn, below.

B. Inmate and Staff Education relating to COVID-19

26. From the outset of the COVID-19 pandemic, FCC Florence officials have provided regular updates to inmates and staff regarding the virus and the Bureau's response, and have educated inmates and staff regarding measures that they themselves should take to stay healthy. Additionally, informative posters have been posted throughout the institution detailing the importance of good hygiene and hand washing. For example, the following bulletins have been posted on inmate televisions and/or distributed to inmates as handouts to provide information and advice to the inmate population:

- a. March 10, 2020 – FCC Florence Warden True provided information to the inmate population at FCC Florence, advising inmates as to the number of cases identified (through March 6, 2020), how COVID-19 spreads, symptoms of COVID-19, information to aid in slowing the spread of COVID-19, and treatment options for COVID-19. *See* Att. 2, Inmate Town Hall Information (Mar. 10, 2020).
- b. April 1, 2020 – In this bulletin, Warden True explained, “In response to COVID-19, the [Bureau] has instituted a comprehensive plan that includes screening, testing,

appropriate treatment, prevention, education, and infection control measures. *See* Att. 3, Inmate Town Hall Bulletin (Apr. 1, 2020). The Warden advised the inmates that, beginning April 1, 2020, FCC Florence would be implementing a “Stay in Shelter” for 14 days. *Id.* Warden True also asked inmates to “continue to increase [their] sanitation and hygiene efforts in the housing units and in [their] cells,” and advised inmates that staff have “increased the sanitation efforts throughout the institution.” *Id.* at 1-2. Likewise, the bulletin advised inmates that they “are encouraged to avoid touching [their] faces,” “wash [their] hands frequently with soap and water,” and “[p]ractice social distancing whenever practical.” *Id.*

- c. April 5, 2020 – ADX Acting Captain issued an inmate bulletin to all ADX inmates regarding the suspension of out-of-cell recreation until further notice. Inmates were advised that movement for essential services (e.g., medical and psychology appointments) would continue on an as-needed basis. *See* Att. 4, Inmate Bulletin – Recreation Suspension (Apr. 5, 2020). Further, inmate commissary privileges were increased to the maximum spending limit allowed. *Id.*
- d. April 7, 2020 – Following the issuance of face coverings to all inmates at FCC Florence, the FCC Florence Health Services Administrator issued an inmate bulletin to all FCC Florence inmates. *See* Att. 5, Inmate Bulletin – Face Masks (Apr. 7, 2020). In this bulletin, the Health Services Administrator explained proper mask-wearing procedures and reminded the inmates to frequently wash their hands with soap and water. *Id.*
- e. April 14, 2020 – Warden True issued an inmate bulletin to all inmates at FCC Florence regarding the implementation of Phase Six. *See* Att. 6, Inmate Bulletin –

Phase Six (Apr. 14, 2020).

- f. April 15, 2020 – Throughout the four institutions at FCC Florence, additional color copies of two CDC campaign posters were posted in all housing units and other areas of the institutions that are frequented by staff and inmates. *See* Att. 7, CDC Stop the Spread of Germs and Wash Your Hands Factsheets.
- g. April 21, 2020 – The Director of the Bureau explained that COVID-19 safeguards at all Bureau institutions during Phase Six are designed, and continued from Phase Five, to minimize inmate movement and further decrease the spread of COVID-19. *See* Att. 8, Bureau Director Memorandum to Inmate Families and Friends (Apr. 21, 2020).

27. In addition to providing education to inmates, FCC Florence staff have been similarly educated regarding the importance of washing their hands, not touching their face, maintaining appropriate social distancing, and cleaning/disinfecting all equipment, including their uniforms. Medical staff have also been trained regarding how to appropriately don and remove Personal Protective Equipment (PPE).

28. Each day, beginning on April 16, 2020, at 6:00 a.m., the following statement is announced from the Main Control Center at each institution: “At this time, staff and inmates are reminded to practice proper hand washing techniques. Ensure that you are using soap and warm water and wash thoroughly.” This announcement is made daily at 6:00 a.m., 9:00 a.m., noon, 3:00 p.m., 6:00 p.m., and 9:00 p.m.

C. Screening for COVID-19 at FCC Florence

29. Due to the “Shelter in Place” order implemented pursuant to the above-listed Phases, inmate movement at FCC Florence is currently highly restricted. The following

screening measures for both inmates and staff are currently in place, and will remain in effect even after the “Stay in Shelter” order is lifted, until Bureau officials determine that they are no longer necessary to prevent and/or manage the introduction or spread of COVID-19 at any of the institutions at FCC Florence.

1. Inmates

30. *Incoming/Outgoing Inmates:* FCC Florence screens all arriving inmates immediately upon their arrival. These screening procedures are as follows:
- a. When inmates arrive at the institution, they are met by Health Services medical providers, who conduct an initial screening for symptoms of COVID-19 (including fever, cough, and shortness of breath), as well as for “exposure risk factors,” including whether the inmate has traveled from, or through, any locations identified by the CDC as increasing epidemiologic risk within the past 14 days, or has had close contact with anyone diagnosed with COVID-19 in the post 14 days. *See* Att. 9, Coronavirus Disease 2019 (COVID-19) Inmate Screening Tool. Health Services medical providers wear PPE during these interactions.
 - b. Following this initial screening, inmates are escorted to an intake/quarantine unit where they are automatically quarantined for 14 days to ensure that they do not develop any symptoms consistent with COVID-19. After the expiration of 14 days, and upon medical clearance, inmates may be released into general population.
 - c. These screening procedures apply to all incoming FCC Florence inmates, no matter which of the four institutions they are designated to be housed, and these inmates are initially screened at FCI Florence as opposed to their designated institutions. When inmates arrive at the institution, they are met by Health Services medical providers,

who conduct this initial screening in a designated area at FCI Florence separate from other staff and inmates. Health Services medical providers wear PPE during these interactions.

- d. All inmates releasing or transferring from FCC Florence are placed in quarantine for 14 days prior to their scheduled departure from the institution.

31. *General Population.* Inmate movement within FCC Florence is currently limited on a modified schedule designed to maximize social distancing and allow departments to maintain sanitation regulations and minimize the risk of infection. All inmates are encouraged to self-monitor and to report symptoms of illness to unit staff either orally or via a written request to staff, commonly referred to as a copout. All inmates are provided with one cloth mask weekly, and are encouraged to use them when social distancing is not possible. Medical staff are required to be present in each housing unit daily to conduct sick call and pill line. The presence of medical providers affords inmates further opportunity to report any medical concerns. In addition, unit staff and other department representatives (including staff from education, commissary, psychology, and recreation) are required to conduct daily rounds in each housing unit in order to ensure that the inmate population remains safe and healthy. If an inmate has an issue that he wants to bring to the staff's attention, he can do so via a written request at any time, or during these rounds with staff.

32. *At risk Individuals.* As the FCC Florence HSA and Logistics Section Chief, I was responsible for reviewing, in conjunction with a small team of medical providers, inmate medical records in order to determine which individuals at FCC Florence are considered "high risk" for COVID-19 pursuant to CDC guidelines. These guidelines can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.

Per CDC guidance, “high-risk” individuals include those over 65 and those with significant underlying medical conditions, such as chronic lung disease, moderate to severe asthma, liver disease, and diabetes. *See id.*

33. At the beginning of the COVID-19 crisis, in order to identify which inmates at FCC Florence should be considered “high risk,” my team searched the Bureau’s medical records for (1) all inmates aged 55 and over; and (2) all inmates who have been diagnosed with a condition identified by the CDC as being “high risk.”

34. Based on this search, we compiled a list of individuals at FCC Florence considered to be “high risk” based on these established CDC criteria. During the week of March 16 through March 20, 2020, we screened each of these high-risk individuals for the same “exposure risk factors” identified above, and conducted temperature checks for all high-risk inmates. We also provided these inmates additional education regarding COVID-19 prevention, and advised them to seek medical care immediately if they began to develop any symptoms.

35. We chose to search for inmates 55 and over, rather than 65 and older, in an abundance of caution and to be conservative in our approach to assessing risk. Upon a review of inmate Al-Timimi’s medical records and a review of his current condition, the institution’s physician has determined that he is not considered “high-risk” and that his age (56 years) alone does not make him “high risk.” He will continue to be monitored and receive appropriate medical care as necessary.

36. *Inmates with Work Details.* FCC Florence is also conducting enhanced screening for all inmates with ongoing work details, such as food service, cleaning orderlies, and general maintenance. These functions are considered to be “essential.” Each of these inmates is screened for illness both before and after each of their assigned work details. This includes

being screened for any symptoms of illness and having their temperature taken.

37. *If a Positive Test Occurs:* As of the date of this submission there has not been a positive COVID-19 test of an inmate at FCC Florence. However, if a positive test would occur, *all* inmates will be screened daily through temperature and symptom checks, and staff would implement the following:

- a. Any inmate who presents with symptoms consistent with COVID-19 will be evaluated by a medical provider in the Health Services Department. Based upon this evaluation, a determination will be made whether isolation and/or testing is appropriate.
- b. If any inmate is isolated, the inmates housed in the same housing unit with him will be quarantined pending results of a COVID-19 test provided to the inmate, or 14 days, whichever is sooner.
- c. Inmates may also be placed in a quarantine or isolation setting if they are exposed to a person with COVID-19, where they will be monitored daily for a period of at least 14 days. Quarantine or isolation will only be discontinued once 14 days elapse without the inmate(s) developing new symptoms.
- d. FCC Florence Health Services medical providers are prioritizing immediate medical care for anyone who claims symptoms indicative of a COVID-19 infection.

2. Staff and Visitors

38. All individuals entering FCC Florence, including staff, delivery drivers, or any other visitors, must undergo a health screening upon entry. This includes having their temperature taken. *See* Att. 10, Coronavirus Disease 2019 (COVID-19) Staff Screening Tool. This screening is conducted by staff wearing a face covering, gloves, and eye protection.

39. The individuals conducting this health screening prior to the front entrance of FCC Florence are authorized to deny entry to any individual if he or she has a body temperature of 100.4 degrees Fahrenheit, or above, or reports other symptoms consistent with COVID-19 (although they may consult with FCC Florence medical providers in advance of the decision to deny entry).

40. This screening applies to *all* staff and visitors, including those who leave the grounds of FCC Florence even for a short duration of time, such as to purchase lunch.

41. FCC Florence employees have also been educated regarding the importance of staying home if they are feeling ill, and are required to self-report any COVID-19 exposure (known or suspected) as well as any positive COVID-19 test. If a staff member is tested for COVID-19, they are not permitted to return to work until after receiving the results of the test.

42. Staff members are provided with two surgical masks each week, and are instructed to use them in situations where social distancing is not possible, or when interacting with inmates. Additionally, staff are encouraged to follow the “best practices” as listed by the CDC, including staying home if they are sick, washing hands appropriately and often, the appropriate method to cough/sneeze to lessen the chance of exposure, cleaning commonly touched areas, and social distancing.

D. COVID-19 Testing at FCC Florence

43. The CDC has identified four “priority levels” for testing individuals with a suspected COVID-19 infection. *See* Att. 11, CDC Priorities for Testing Patients with Suspected COVID-19 Infection. Priority levels one through three include hospitalized patients and healthcare workers with symptoms (Priority Level 1); symptomatic patients in long-term care facilities, individuals 65 years or older, individuals with underlying conditions, and first responders (Priority Level 2); and symptomatic critical infrastructure workers, individuals who

do not meet any of the criteria in Priority Levels 1 or 2, healthcare workers and first responders, and individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations (Priority Level 3). *Id.* The fourth, or non-priority level, is for individuals without symptoms. *Id.*

44. The CDC has made clear that “[n]ot everyone needs to be tested for COVID-19,” and “decisions about testing are at the discretion of state and local health departments and/or individual clinicians.” *See* [cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html) (last visited on Apr. 2, 2020).

45. At FCC Florence, the decision whether to test an inmate for COVID-19 is made by Bureau medical providers based on a number of criteria, including but not limited to: (1) the nature and severity of the symptoms; (2) the inmate’s potential exposure to COVID-19; (3) whether the inmate is considered “high-risk,” and (4) whether the inmate is on a work detail, such as food service, that requires the inmate to interact with other inmates or staff.

46. To date, three FCC Florence inmates have been tested for COVID-19. All of these tests were negative for COVID-19.

47. FCC Florence has over 210 COVID-19 test kits currently in stock, with the ability to request more tests from its vendor on an as-needed basis. Because of the nationwide shortage of tests, FCC Florence’s vendor has chosen to allocate tests strategically, and to send its tests to the locations and institutions where tests are most needed. Because FCC Florence does not currently have any known infections, its vendor will not provide additional tests for FCC Florence to stockpile unless and until there is a demonstrated need for it. Should such a need arise in the future, FCC Florence has the ability to request additional tests and to receive them in a matter of days.

E. Additional Measures to Combat COVID-19.

48. In addition to the above steps, FCC Florence has taken a number of additional measures to combat COVID-19.

49. First, all inmates have access to sinks, water, and soap at all times. New inmates admitted to any institution at FCC Florence automatically receive soap, and all inmates may receive new soap weekly. For inmates without sufficient funds to purchase soap in the commissary, soap is provided at no cost to the inmate. ADX inmates' laundry is collected and washed at least once weekly.

50. Second, all common areas in inmate housing units are cleaned daily, and are typically cleaned by inmate orderlies multiple times throughout the day, with a designated disinfectant that kills human coronavirus. The ADX has made this disinfectant available to all inmates so that they may use it to clean their own cells on a regular basis. Common areas outside inmate living areas, including the ADX's lobby, bathrooms, corridors, etc., are also cleaned with the same disinfectant on a daily basis (and often multiple times per day).

51. Each housing unit has been stocked with cleaning supplies for use by inmate orderlies and other inmates to clean both the common areas and their cells on a daily basis.

52. FCC Florence has limited the number of in-person meetings scheduled onsite for staff. If such meetings take place, they are limited to 10 people and must be conducted in areas permitting individuals to maintain an appropriate distance from one another. FCC Florence has also implemented a video-conferencing system to replace in-person meetings to the extent practicable.

53. Correctional staff are required to disinfect all common equipment, such as keys and radios, upon obtaining these items from the supply room and again upon their return. Staff

also have regular, consistent access to soap and hand sanitizer.

54. Correctional staff have been provided PPE to be used in appropriate locations throughout FCC Florence such as quarantined areas, isolation units, and screening sites. FCC Florence has sufficient PPE on hand, including N-95 respirator masks, surgical masks, and rubber gloves, to meet its current and anticipated needs, as well as the ability to order additional PPE should the need arise.

55. On April 5, 2020, all inmates and staff were provided protective face masks for daily use.

56. Finally, beginning April 6, 2020, all staff members will be restricted to working only in a single designated institution within the FCC Florence complex. For example, staff members designated to the ADX will not be permitted to enter FCI Florence, and vice versa.

III. CONCLUSION

57. In sum, the Bureau and FCC Florence take the COVID-19 pandemic extremely seriously and have implemented numerous measures to proactively combat the spread of this disease to staff members and the inmate population. The various phases of the Bureau's Action Plan have been designed and implemented in a systemic manner both nationally and at FCC Florence in order to mitigate the spread of COVID-19.

58. To date, no staff members or inmates at FCC Florence have been diagnosed with COVID-19.

Pursuant to the provisions of 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my information, knowledge, and belief.

Executed on this 14th day of May 2020, in Florence, Colorado.

A handwritten signature in black ink, appearing to read "Shari Himlie" followed by a stylized monogram or initials.

Shari Himlie
Health Service's Administrator
FCC Florence
Federal Bureau of Prisons

Enclosures

- Att. 1, Director's Memorandum for the Inmate Population (April 8, 2020)
- Att. 2, Inmate Town Hall Information (Mar. 10, 2020)
- Att. 3, Inmate Town Hall Bulletin (Apr. 1, 2020)
- Att. 4, Inmate Bulletin – Recreation Suspended (Apr. 5, 2020)
- Att. 5, Inmate Bulletin – Face Masks (Apr. 7, 2020)
- Att. 6, Inmate Bulletin – Phase Six (Apr. 14, 2020)
- Att. 7, CDC Stop the Spread of Germs and Wash Your Hands Factsheets
- Att. 8, Bureau Director Memorandum to Inmate Families and Friends (Apr. 21, 2020)
- Att. 9, Coronavirus Disease 2019 (COVID-19) Inmate Screening Tool
- Att. 10, Coronavirus Disease 2019 (COVID-19) Staff Screening Tool
- Att. 11, CDC Priorities for Testing Patients with Suspected COVID-19 Infection

Attachment 1



U.S. Department of Justice


Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

April 8, 2020

MEMORANDUM FOR THE INMATE POPULATION

FROM:  M.D. Carvajal, Director

SUBJECT: COVID-19 Pandemic

I would rather be able to address you directly, however, that is not practical at this time. Instead, I am writing this letter to tell you what we are doing as an agency to safeguard your health during the COVID-19 pandemic. I want to thank each of you for your understanding and cooperation as we diligently work to try and prevent the introduction of coronavirus in our facilities and to stop the spread of it in the facilities that have already been affected. It is critically important that each and every one of us take this seriously - together we will all get through this.

Let me share some information with you and dispel any rumors you may have heard. Despite the planning and preparations that has been ongoing since January 2020, and the implementation of the first three phases of our COVID-19 Action Plan, the BOP had its first positive inmate case on March 21, 2020, and the first positive staff case the very next day. Unfortunately, I am also saddened to report, as of today, we have had eight COVID-19 inmate-related deaths. On March 26, 2020, we implemented Phase 4 requiring all individuals entering our facilities, including staff, be screened and temperature checked. This was a critical step to ensure we reduce the risk of introducing and spreading the virus inside our facilities.

The Executive Staff and I have made decisions that directly impact each of you. No decision, regardless of how large or small, is taken lightly or done without considerable thought. Stopping social visits has a major impact on you and your loved ones. But, by doing so we are keeping you, your family, and the community safe. We

increased your monthly phone minutes to help compensate for the lack of visits and by Thursday, April 9, 2020, telephone calls will be free to you for the duration of this emergency (please note, however, collect calls will still be charged to the receiving phone number). We recognize how important it is for you to keep in touch with your families, especially at this time. They need to know how you are doing and you need to know how the virus is affecting them.

Access to legal counsel remains a paramount requirement but, like social visiting, the BOP is reducing the risk of exposure created by external visitors. As such, while in general, legal visits will be suspended for 30 days, case-by-case accommodation will be accomplished at the local level and confidential legal calls will be allowed in order to ensure inmates maintain access to counsel. Limiting facility-to-facility transfers, and other inmate movement, as well as implementing screening and quarantine and isolation procedures, have been essential to slowing the spread of the virus. The nationwide modified operations implemented to maximize social distancing and limit group gatherings, such as staggering meal times and recreation, have also been helpful. However, the growing number of quarantine and isolation cases in our facilities indicates we need to do more.

Accordingly, on April 1, 2020, another decision was made that directly impacts you. For a 14-day period, inmates in every institution have been secured in their assigned cells/quarters to decrease the spread of the virus. Again, we did not make this decision lightly, and I know this can be frustrating for all of you. But just like in communities nationwide who have been required to shelter in place, we feel the safest course to prevent the spread of the virus and keep you healthy is to have you shelter in place as well. After 14 days, this decision will be reevaluated and a determination will be made as to whether or not to return to modified operations.

All of our efforts are toward one goal -- keeping everyone in our prisons, both staff and inmates, safe. We are still in the early stages of this virus; it is not even near the peak in the United States. With that said, I need your continued patience, understanding, and cooperation. I need you to communicate with staff openly and honestly. We need to know how you are feeling -- both physically by telling staff if you are feeling sick, coughing or running a fever, and mentally, if you are anxious or scared.

I am also asking that you keep yourselves and your areas as clean as possible. On April 4, 2020, the CDC issued updated guidance encouraging all persons to use masks in public, as such, masks have

been issued to you. There are universal precautions that we must all follow - we are sharing many of the same areas. Please remember to always:

- Wash your hands, especially after touching any frequently used item or surface.
- Avoid touching your face.
- Sneeze or cough into a tissue and wash your hands thereafter, or use the inside of your elbow.
- Observe social distancing as much as practical in our environment.

These are not normal times. Our world is much different than it was a month ago. We recognize this is hard on you, but remember it is equally hard on everyone. Staff are experiencing many of the same feelings as you, your family, as well as myself.

I want to close by personally telling you that your cooperation has made a difference during this difficult time. Please continue to be patient and understanding. Wash your hands frequently, cover your coughs and sneezes, and avoid touching your face. Maintain an appropriate social distance as often as you can. And, equally as important, communicate with the staff about how you are feeling, ask questions, and share your concerns. This pandemic is a global emergency and the BOP is taking proactive operational measures to safeguard each of you that are entrusted to our care and custody. I am committed to doing everything I can to help keep all of you healthy and safe.

Attachment 2

COVID-19
TOWN HALL INFORMATION FOR INMATES
(as of 3/6/20)

What is coronavirus (COVID-19)?

- Coronaviruses are a large family of viruses common in people and animals. COVID-19 is a novel (new) coronavirus that probably emerged from an animal source and is now spreading person to person. It causes respiratory illness and is being identified in a growing number of locations, including Colorado.

How many cases have been identified?

- Although the situation and numbers are rapidly changing, here are the numbers as of 3/6/20.
 - 101, 598 cases in 70 different locations internationally.
 - 256 cases in the U.S., with 2 cases identified in Colorado.

How does COVID-19 spread?

- This is a respiratory illness, and it is thought to spread mainly between people who are in close contact with one another (within 6 feet) when a person coughs or sneezes. It also may be possible that a person can get it by touching a surface or object that has the virus on it, and then touching their eyes, nose, or mouth.

What are the symptoms of COVID-19?

- Symptoms include fever, cough, and shortness of breath. Some people have no symptoms at all.
- While information so far suggests that most cases have been mild (80%), older adults and people with severe chronic medical conditions like heart, lung or kidney disease seem to be at higher risk for more serious illness.

How can you help in slowing the spread of COVID-19, as well as other illnesses like the flu.

EVERYONE HAS A PART TO PLAY IN SLOWING THE SPREAD. PRACTICE EVERYDAY PREVENTIVE BEHAVIORS!

- Wash your hands with soap and water often, **vigorously scrubbing all surfaces for at least 20 seconds**. The hand sanitizer available in commissary is also effective—make sure to cover all surfaces of your hands, rubbing them together until they feel dry.
- Avoid touching your eyes, nose, or mouth with unwashed hands (most people touch their faces at least 23 times per hour).
- Cover your coughs and sneezes with the crook of your arm or a tissue.
- Routinely clean and disinfect ‘frequently touched’ surfaces in your housing units and cells to include keyboards, phones, desks, door handles, light switches, bathroom fixtures, stair rails, etc.
 - The disinfectant safety issues is effective.

Is there a vaccine? Treatment?

- Currently there is no vaccine. The best way to protect yourself is to do what we should be doing each and every day (see above). Currently there is no treatment, but there is medication to treat some symptoms (Tylenol, Advil, etc.).
For additional information related to COVID-19, contact Health Services.

Attachment 3


FCC Florence Inmate Bulletin

**Inmate Town Hall
April 1, 2020**

- In response to COVID-19, the Bureau of Prisons (BOP) has instituted a comprehensive action plan that includes screening, testing, appropriate treatment, prevention, education, and infection control measures.
- Many of you are following the Media regarding COVID-19 and the impact throughout the country. As a result of the increase of COVID-19 cases throughout the United States, the BOP will be implementing a "Stay in Shelter" for 14 days in order to stop the spread. This is not punitive; it is a nation-wide effort and response to a public health emergency.
- During this time; you will be given access to medical care, showers, phone, and email access (If eligible) in small groups at designated times, on a limited basis. Meals and limited commissary will be delivered to the housing units. Some inmate workers will be needed, but it will be on a limited basis.
- We ask that you continue to increase your sanitation and hygiene efforts in the housing unit and in your cells. Staff have increased the sanitation efforts throughout the institution.
- There are currently zero inmates that have been identified as having COVID-19 at FCC Florence. The institution modified operations and "Stay in Shelter" is an effort to be proactive.
- You are encouraged to avoid touching your face. You are also encouraged to wash your hands frequently with soap and water, in accordance with Centers for Disease and Control and Prevention (CDC) guidance. Practice social distancing whenever practical.
- The BOP has developed and implemented an action plan for our supply management, inmate movement, and other important aspects. As part of our contingency plan; all cleaning, sanitation, and medical supplies have been

inventoried at all of our BOP facilities. We have an ample supply on hand. The Bureau of Prisons is prepared to address any supply concerns if necessary.

- We appreciate the cooperation and flexibility as we do everything we can to assure the safety and security of our staff, inmates, and the general public. This is the responsible thing to do to stop the spread.
- Detailed information to combat inmate idleness will be forthcoming from each institution.
- Inmates with an imminent court deadline should work through their Unit Team for access to the law library.
- Please share with your families that there is more information about COVID-19, including the BOP's COVID-19 Action Plan, on the BOP's Coronavirus resource page on our public website at <https://www.bop.gov/coronavirus/index.jsp>.
- We are continuously monitoring updates nationally and will share updates with you as information becomes available. Staff from various departments will be making rounds throughout the institution, ***so please be patient as we work through this very critical and responsible "14 day, Stay in Shelter."***



B. True, Complex Warden

4/1/2020

Date

Attachment 4

ADX Florence Inmate Bulletin

RECREATION SUSPENDED

Until further notice, outdoor and indoor recreation will be suspended. ADX Florence will continue to conduct essential callouts for medical and psychology appointments on an as needed basis. During this period, commissary will be increased to the maximum spending limit allowed. It is expected that cell sanitation is upheld: i.e. cell windows will be uncovered, beds made, trash removed and disposed of accordingly, etc. Your continued cooperation and flexibility is expected and appreciated.



D. J Myers, Acting Captain

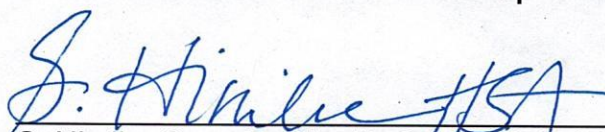
4/5/20
Date

Attachment 5

FCC Florence Inmate Bulletin

PROPER PROCEDURES FOR SURGICAL MASKS

- Before putting on a mask, clean hands with soap and water.
- Inspect the mask for tears or holes.
- Orient which side is the top side (where the metal strip is).
- Ensure the proper side of the mask faces outwards (the colored side).
- Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
- Pinch the metal strip or stiff edge of the mask so it molds to the shape of your nose.
- Pull down the mask's bottom so it covers your mouth and your chin.
- Avoid touching the **INSIDE/DIRTY SIDE** of the mask while using it; if you do, clean your hands with soap and water.
- After use, take off the mask by removing the elastic loops from behind the ears while keeping the mask away from your clothes or other items, to avoid touching the potentially contaminated surfaces of the mask.
- To store the mask until the next use: Fold the mask in half INWARD (the INSIDE/DIRTY SIDE of the mask is pressed together).
- Clean hands with soap and water.


S. Himlie, Complex Health Service Administrator

4/07/2020
Date

Attachment 6

FCC Florence Inmate Bulletin

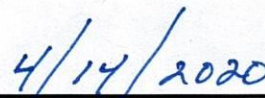
Updated Talking Points – Inmate Town Hall April 14, 2020

- In response to COVID-19, the Bureau of Prisons (BOP) will continue with the comprehensive action plan that includes screening, testing, appropriate treatment, prevention, education, and infection control measures.
- Many of you are following the Media regarding COVID-19 and the impact throughout the country. As a result in the increase of COVID-19 cases throughout the United States, the BOP will be maintaining the “Stay in Shelter” until May 18, 2020, at which time it will be reevaluated. This is not punitive but rather a nationwide effort and response to a public health emergency.
- Social and Legal visits, as well as volunteers, will continue to be suspended until May 18, 2020, at which time the suspension will be reevaluated.
- Continued access to medical care, showers, phone and email access in small groups at designated times, on a limited basis will be given. Increased phone minutes and free calling remain. Meals and limited commissary will be delivered to the housing units. Some inmate workers will be needed but it will be on a limited basis.
- We ask that you continue to increase your sanitation and hygiene efforts in the housing unit and in your cells. Staff have increased the sanitation efforts throughout the institution.

- There are currently zero inmates that have been identified as having COVID-19 at FCC Florence. The institution modified operations and "Stay in Shelter" is an effort to be proactive.
- You are encouraged to avoid touching your face, wash your hands frequently with soap and water, in accordance with Centers for Disease and Control and Prevention (CDC) guidance. Practice social distancing whenever practical.
- The BOP has developed and implemented an action plan for our supply management, inmate movement, as well as other important aspects. As part of our contingency plan, all cleaning, sanitation, and medical supplies have been inventoried at all of our BOP facilities. We have an ample amount of supply on hand. The Bureau of Prisons is prepared to address any supply concerns if necessary.
- We appreciate the cooperation and flexibility as we do everything we can to assure the safety and security of our staff, inmates, and the general public. This is the responsible thing to do to stop the spread.
- Inmates with an imminent court deadline should continue to work through their Unit Team for access to the law library.
- Please share with your families that there is more information about COVID-19, to include the BOP's COVID-19 Action Plan, please visit the BOP's Coronavirus resource page on our public website for accurate information at <https://www.bop.gov/coronavirus/index.jsp>.
- We are continually monitoring updates nationally as they become available and will share with you as the information becomes available. Staff from the various departments will be making rounds throughout the institution, so please continue to be patient as we work through this very critical and responsible "Stay in Shelter" period.



B. True, Complex Warden



Date

Attachment 7

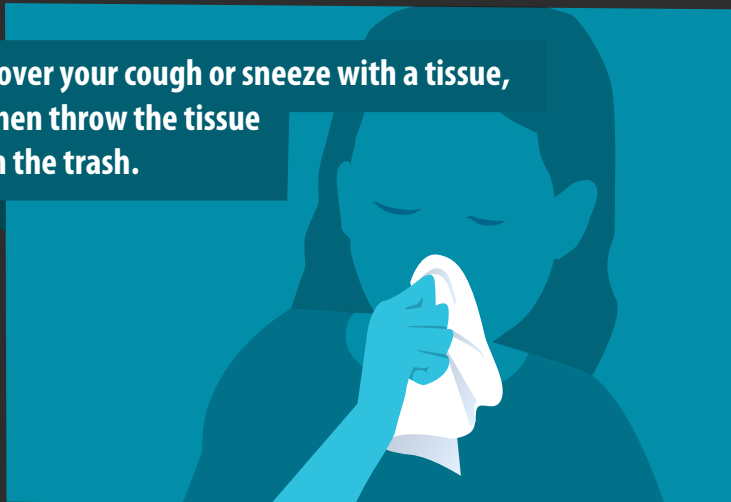
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

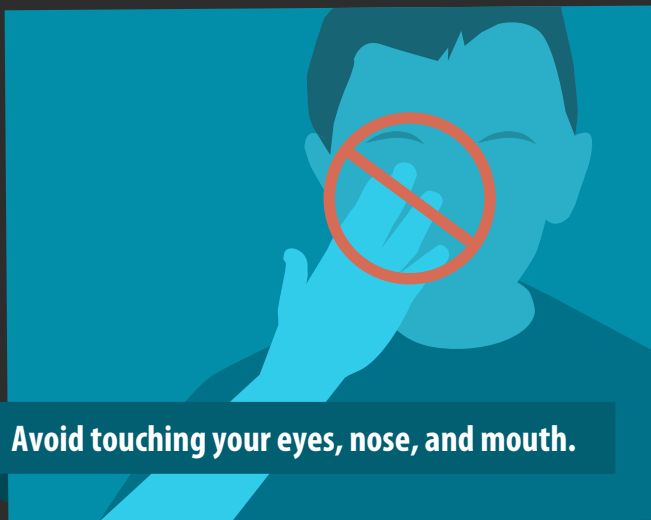
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



Share Facts About COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

FACT 2

Some people are at increased risk of getting COVID-19.

People who have been in close contact with a person known to have COVID-19 or people who live in or have recently been in an area with ongoing spread are at an increased risk of exposure.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT 4

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

FACT 5

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



For more information: www.cdc.gov/COVID19

Wash Your Hands!

Keeping hands clean is one of the best ways to prevent the spread of infectious diseases like influenza and other emerging diseases.



When should you wash your hands?

- **Before** and after caring for someone who is sick.
- **Before** and after treating a cut or wound.
- **After** using the toilet.
- **After** blowing your nose, coughing, or sneezing.
- **After** touching garbage.
- **Before**, during, and after preparing food.
- **Before** eating.

What is the right way to wash your hands?

- Wet your hands with clean running water (warm or cold) and apply soap.
- Rub your hands together to make lather and scrub well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air.



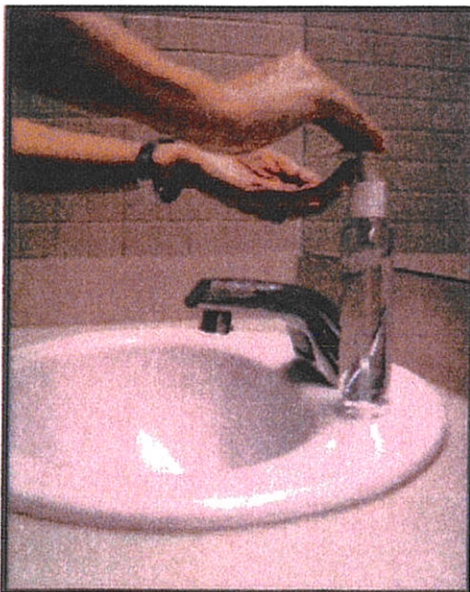
What about Hand Sanitizer?

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs.

Hand sanitizers may not be as effective when hands are visibly dirty.

How should you use hand sanitizer?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.



For more information on hand washing please visit the Centers for Disease Control website: Please visit CDC's [Handwashing website](#).

Attachment 8



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, D.C. 20534

April 21, 2020

MEMORANDUM FOR INMATE FAMILIES AND FRIENDS

FROM: M.D. Carvajal, Director

SUBJECT: COVID-19 Safeguards

As Director of the Bureau of Prisons (BOP), it is my responsibility to ensure the safety, security and orderly operation of 122 federal prisons, as well as the safety and security of approximately 36,000 staff and more than 170,000 federal inmates, including those housed in privately managed or community-based facilities. I want to take this opportunity to share with you, the families and friends of someone in our custody, a message about what we are doing to safeguard the health of your loved one during the COVID-19 pandemic. I understand the anxiety you are feeling.

First, I want to thank you for your understanding and cooperation as we diligently work to try and prevent the introduction of coronavirus in our facilities and as we try to stop its spread inside those facilities that have been affected. No decision, regardless of how large or small, is taken lightly or done without considerable thought.

For example, we understand the hardship of not being able to see your loved ones, but their safety, and the safety of our staff, is our priority. Stopping social visits has had a major impact on keeping you, and them, safe and we're helping to keep the community safe, too. To help compensate, the amount of monthly phone minutes allowed was increased and, while collect calls will be charged accordingly, free phone and video calls were approved. The BOP recognizes how important it is for families to keep in touch, especially during these uncertain times. You need to know how your loved one is doing and they need to know how the virus is affecting you and their community.

As we continue to revise and update our response to COVID-19 based on the most recent guidance from the World Health Organization and the

Centers for Disease Control (CDC), I must thank every staff member for their dedication to our mission, for their relentless efforts to reduce the spread of the coronavirus both inside and outside our institutions, and for their commitment to keeping each inmate safe and well.

As I write this message, 45 BOP facilities and 14 Residential Reentry Centers have been affected nationwide. Although planning and preparations have been going on since January, and BOP has fully implemented its COVID-19 Action Plan, no amount of preparation could have left our institutions unaffected. The first positive inmate case was reported on March 21, 2020, and the first positive staff case was reported the very next day. Sadly, we have also experienced the death of 22 inmates, all with pre-existing medical conditions listed by the CDC as risk factors for developing the more severe COVID-19 disease.

All individuals entering our facilities, including staff, are screened and temperature checked. This is a critical step to ensure we reduce the risk of introducing and spreading the virus inside our facilities. We also implemented various screening efforts along with quarantine and isolation procedures for the inmate population to slow the spread of the virus. As of April 1, we made the decision that all inmates, in every institution, will be secured in their assigned cells/quarters in order to decrease the spread of the virus. Again, we did not make this decision lightly, and I know it can be difficult for everyone. But just like in communities nationwide who have been required to shelter in place, we feel the safest course to prevent the spread of the virus is to have inmates shelter in place as well. These actions will remain in place until May 18, 2020, at which time they will be reevaluated.

A new measure we have implemented in managing the evolving pandemic for institutions with active COVID-19 transmission includes feeding all inmates in their units. The CDC recently provided guidance specifically for correctional and detention facilities recommending all staff and inmates be issued, and strongly encouraged to wear, an appropriate face covering when in public places and when social distancing cannot be achieved.

We are working hard to apply the authorities granted to us to increase the use of home confinement. We are aggressively screening all inmates who have COVID-19 risk factors for suitability, starting with inmates incarcerated at facilities with the greatest number of COVID-19 cases. The Attorney General authorized the use of home confinement as a priority in response to the COVID-19 pandemic late last month. Since then, the BOP has reviewed thousands of cases and successfully placed over 1300 inmates on home confinement.

All of our decisions are made with one goal in mind - keeping everyone safe and healthy. We recognize this is hard on you and your loved ones.

It is hard on all of us but we will get through it working together. Our world is much different than it was even a month ago.

I will close by personally acknowledging that you and your loved ones cooperation has made a difference during this difficult time, and I thank you. This pandemic is a global emergency and the BOP is taking proactive operational measures to safeguard each person entrusted to our care and custody. I am committed to doing everything I can to achieve our goal of keeping those in our facilities as safe and healthy as possible during this difficult time, and returning to normal operations when it is safe to do so.

Attachment 9

CORONAVIRUS DISEASE 2019 (COVID-19) INMATE SCREENING TOOL

1. Assess the Risk Of Exposure		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake. If the answer to ANY of the above risk of exposure questions is YES, then immediately assess symptoms.		
2. Assess Symptoms		Date of Onset:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of Breath (SOB)
3. Implement Infection Prevention Control Measures if YES to the above questions in (2).		
3a. The Symptomatic Patient		
If the patient has any symptoms, implement Standard, Contact, and Airborne Precautions with Eye Protection		
<input type="checkbox"/> Report case promptly to facility leadership, infection prevention and control (IPC), public health and Regional and Central Office QIIPC Consultants. <input type="checkbox"/> Place a surgical mask on the patient and minimize proximity to staff and inmates <input type="checkbox"/> All staff escorting, evaluating, or in close contact (6 ft.) with the patient should perform hand hygiene, put on gloves, gown, fit-tested respirator (N-95), goggles or face shield and gloves before room entry or inmate contact. Inmate will wear a surgical mask. Doffing: gloves, gown, exit room, doff face shield then N-95 and wash hands. <input type="checkbox"/> Escort patient to a <i>certified</i> Airborne Infection Isolation (All) room. <input type="checkbox"/> If no All room is available, isolate in room with door closed and <i>preferably</i> air is exhausted outside. <input type="checkbox"/> Prepare for transport to a designated referral healthcare facility in coordination with the local public health authority (do not call for transport service without prior notification and escort in place to move inmate). <input type="checkbox"/> Minimize and keep a log of all persons interacting with (6ft.) or caring for, the inmate. <input type="checkbox"/> Once the All room is empty for two hours, it can be cleaned and disinfected with an EPA registered disinfectant (Emerging viral pathogens claim), by a person in proper PPE. <input type="checkbox"/> Waste disposal: Double bag trash as hazardous waste. Linens: Double bag in linen hazard bag for washing in central laundry		
3b. The Asymptomatic Patient		
If the patient has no symptoms house in a single cell, and implement Standard, Contact and Droplet Precautions with Eye Protection		
<input type="checkbox"/> Report case to facility leadership, QIIPC, public health and Regional and Central Office QIIPC Consultants. <input type="checkbox"/> House patient in a single cell. The preferred location is within Health Services. If unable to house patient in a single cell contact Regional and Central Office Infection Prevention and Control Consultants. <input type="checkbox"/> Limit # of persons interacting with inmate. Utilize social distancing (6 ft.). <input type="checkbox"/> Document a daily symptom assessment and temperature (Inmate can self-monitor with disposable thermometer or use non-contact thermometer. Utilize disposable food trays. Have inmate clean and disinfect room daily with disposable towels, if possible. Trash will be double bagged out of room. <input type="checkbox"/> Staff entering room will perform hand hygiene, wear a gown, surgical mask, goggles or face shield and gloves. Inmate will wear a surgical mask. Remove PPE, except face shield and mask at exit. Outside room, remove mask and wash hands. <input type="checkbox"/> Continue modified housing and observation procedures until 14 days after the last possible exposure date. <input type="checkbox"/> If at any time the patient becomes symptomatic, implement the steps in 3a – The Symptomatic Patient.		

Inmate Name (Last, First): _____ Registration # _____

Institution: _____

Provider Name/Signature: _____ Date: _____

Attachment 10

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL**DATE:** _____**1. Assess the Risk Of Exposure**☐ Yes ☐ NoHad close contact with anyone diagnosed with the COVID-19 illness within the last 14 days? If YES, *Dates of Exposure:* _____☐ Yes ☐ No

Deployed for COVID-19 response and back from deployment within the last 14 days?

2. Assess Symptoms**Date of Onset:**A. ☐ Yes ☐ No**Fever (temperature $\geq 100.4^{\circ}\text{F}$) or Chills**B. ☐ Yes ☐ No**Shortness of Breath**C. ☐ Yes ☐ No**Cough:** (*Check All that Apply*)☐ Dry ☐ Congested ☐ Sputum Production☐ New Onset ☐ ChronicD. ☐ Yes ☐ No**Nasal Congestion**E. ☐ Yes ☐ No**History of Seasonal Allergies****3. Travel History (in the past 14 days)**Geographic Location VisitedDates of Visit (Beginning Date => Ending Date)**4. Perform a temperature check _____ $^{\circ}\text{F}$** **5. Instructions**

If the staff member's temperature is $\geq 100.4^{\circ}\text{F}$, they will be denied entry to the facility and put on leave. Contact the Occupational Safety & Health Branch for either or both of the following:

- ☐ If the staff member answers **Yes** to **Any Section 1 questions** (exposure risk), with or without symptoms,
- ☐ If the staff member answers **Yes** to **Any Section 2 questions A thru C** (symptoms)

Once Completed, please submit this information to the Occupational Safety & Health Branch of Health Services Division by email: BOP-HSD/EmployeeHealth@bop.gov

Staff Name (Last, First): _____ Year of Birth (yyyy): _____

Institution: _____ State: _____

Attachment 11



PRIORITIES FOR TESTING PATIENTS WITH SUSPECTED COVID-19 INFECTION

COVID-19 Symptoms: Fever, Cough, and Shortness of Breath

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system

- Hospitalized patients
- Healthcare facility workers with symptoms

1

2

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

3

**NON-
PRIORITY**

NON-PRIORITY

- Individuals without symptoms